

**COMBINED DECLARATION AND POWER OF ATTORNEY**  
**(JOINT INVENTORS)**

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type:

☒ original

**INVENTOR IDENTIFICATION**

My residence, post office address and citizenship are as stated below next to my name. I believe I am an original first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

**SYNTHETIC PEPTIDE FOR NEUROLOGICAL DISORDERS**

**SPECIFICATION IDENTIFICATION**

the specification for which is attached hereto.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

- which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

## POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

**John R. Casperson, Reg. No. 28,198.**

SEND CORRESPONDENCE TO

John R. Casperson  
PO Box 2174  
Friendswood, Texas 77549

DIRECT TELEPHONE CALLS TO:

John R. Casperson - (281) 482-2961

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of first inventor:

BINIE

V.

LIPPS

Given Name

Middle Initial or Name

Last Name

Inventor's signature

*Binie V. Lipps*

Date: 7/10/00

Country of Citizenship: U.S.A.

Residence: 4509 Mimosa Drive, Bellaire, Texas 77401

Post Office Address: 4509 Mimosa Drive, Bellaire, Texas 77401

Full name of second inventor:

FREDERICK

W.

LIPPS

Given Name

Middle Initial or Name

Last Name

Inventor's signature

*Frederick W. Lipps*

Date: 7/10/00

Country of Citizenship: U.S.A.

Residence: 4509 Mimosa Drive, Bellaire, Texas 77401

Post Office Address: 4509 Mimosa Drive, Bellaire, Texas 77401

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:  
**Binie V. Lipps**  
**Frederick W. Lipps**

Serial No.:

Filed:

For:

**SYNTHETIC PEPTIDE FOR**  
**NEUROLOGICAL DISORDERS**

§ ATTY DCKT NO: FWLPAT013US  
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§ Art Unit:  
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§ Examiner:  
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**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY**  
**STATUS (37 CFR 1.9(f) AND 1.27(b))--INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention **entitled**:

**SYNTHETIC PEPTIDE FOR NEUROLOGICAL DISORDERS**

described in

☒ the specification filed herewith

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☒ no such person, concern, or organization

[ ] persons, concerns or organizations listed below

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Binie V. Lipps      7/10/00  
Binie V. Lipps      (date)

Frederick W. Lipps      7/10/00  
Frederick W. Lipps      (date)